

# WEST SUFFOLK COUNTY COUNCIL

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## ANNUAL REPORT

of the

### Medical Officer of Health

for the

### YEAR 1965

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1. ~~Dr. Didsbury~~ *L.A.S.D.* ~~C407~~
2. ~~Mr. Morley Parry~~ ~~A419~~
3. ~~Mr. Perry~~ ~~A405~~
4. ~~Miss Knowles~~ ~~B202~~ *Rodgers B36*
5. ~~Professor Heaf~~ ~~B1420~~ *RETIRED*
6. ~~Mr. Smith~~ ~~A412~~
7. ~~Mrs. H. M. Robins~~ ~~B1414~~
8. ~~Miss Pidgeon~~ ~~A408~~

D. A. McCRACKEN, M.D., D.P.H.



# WEST SUFFOLK COUNTY COUNCIL



Telephone No:  
Bury St. Edmunds 2281

Westgate House,  
Bury St. Edmunds.

To the Chairman and Members of the West Suffolk County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report of the County Medical Officer of Health, dealing with the Health and Welfare Services for the Administrative County for the year ended 31st December, 1965.

The population of the Administrative County continues to increase due to natural increase and the population arriving from London under the Town Expansion Scheme. The latest estimated population as at 30th June, 1965, totalled 143,340 compared with 139,450 for the previous year. The health of the population as judged by the vital statistics continues to be very satisfactory. There were no outbreaks of any infectious disease to cause anxiety. The adjusted death rate, which takes account of the age and sex constitution of the community as compared with the country as a whole, amounted to 10.2 per thousand which is 0.1 lower than the previous year and substantially lower than the national rate of 11.5. The total number of live births after adjustment for inward and outward transfers is a new record of 2,683, giving a live birth rate of 19.1 per thousand of estimated population as compared with 18.1 for England and Wales. The infant mortality rate was 18.3 which is lower than last year and compares favourably with the national rate of 19.0. For the first time for several years the perinatal mortality rate, 26.8, is below the national perinatal mortality rate which is 26.9.

It is regretted that the Water Boards have not yet been able to accede to the County Council's request that the fluoride content of the public water supplies should be adjusted to diminish the incidence of dental caries.

The Adult Training Centre at Bury St. Edmunds was nearing completion at the end of the year.

During the year it was possible to appoint two chiropodists to fill vacancies on the staff. Gradually the whole County was covered by the Council's chiropodists and the temporary arrangements made for elderly persons in some parts of the County to receive treatment through the Old People's Welfare Association, were discontinued.

In July 1965 arrangements were completed with the Regional Hospital Board enabling them to hold regular orthopaedic and physiotherapy clinics at the County Council's Health Clinic in Haverhill. It is hoped that the Board will soon be able to open an obstetric and gynaecological clinic in these premises.



The Family Planning Association, who started to hold monthly clinics at the Haverhill Health Clinic in November 1964, increased the frequency of their clinics during 1965 and arrangements have been made for them to hold weekly clinics as soon as possible, probably early in 1966. No charge is made to the Association for the accommodation used by them.

At the beginning of the year Mr. T. H. Higham took up duty to fill the newly created post of Director of Welfare Services. He is responsible to me for the day to day conduct of the Welfare Services throughout the County.

In June 1965 Angel Court, a purpose-built home at Hadleigh for 48 elderly persons, received its first residents and was officially opened by Mrs. Duncan Eastman on 27th July, 1965.

On the 23rd June, 1965, the last residents in "Part III" of the large "joint user" institution, St. Mary's Hospital, were transferred to various small County Council Homes for the Elderly. From that day all accommodation for elderly residents will be in these small homes.

In accordance with the "10 Year Plan" the staff of the Health and Welfare Department has been increased during the year and every effort continues to be made to enable elderly people to remain in their own homes whenever possible. One Social Welfare Officer returned having obtained the Certificate in Social Work Training after successfully completing a "Younghusband Course". An additional Welfare Officer and an additional Handicraft Instructress were added to the establishment and the vacancies were filled during the year.

An important step forward was taken with the decision to appoint a Health Educator in accordance with the recommendations of the Cohen Report 1964. On September 1st, 1965, the vacancy was filled by the appointment of an officer who had already obtained the Diploma in the Content and Methods of Health Education. A technician/clerk was appointed to assist her. The Health Educator, usually known as the Health Education Officer, spent much of her time during the remainder of the year making contacts with health visitors, head teachers, youth leaders, women's institutes and other voluntary organisations. The health education syllabus is being planned on the broad basis mentioned in the Cohen Report and has as its purpose the better equipping of our citizens, and especially the younger ones, to face the social as well as the health problems of adolescence and adult life.

I acknowledge with gratitude the support and encouragement of the Chairman and members of the Health and Welfare Committee, the help of other Chief Officers and the loyal service given by the staff of the Department.

I have the honour to be,  
Your obedient Servant,

**D. A. McCRACKEN**

County Medical Officer of Health

29th July, 1965.

## STAFF

### County Medical Officer of Health: Chief Welfare Officer:

D. A. McCracken, M.D., Ch.B., D.P.H.

### Deputy County Medical Officer of Health:

Miss A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.

### Senior Medical Officer:

J. L. Evans, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (to 20.6.65)

A. M. Lush, L.R.C.P., M.R.C.S., D.C.H.(R.C.P.I.), D.(Obst)R.C.O.G.,  
D.P.H. (from 1.9.65)

### Assistant County Medical Officers:

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.

A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

E. Kinnear, M.B., Ch.B., D.P.H.

L. B. Gonzalez, M.B., Ch.B., D.P.H.

### Consultant Adviser in Psychiatry (Part-time):

E. Beresford Davies, M.A., M.D., B.Chir., D.P.M.

### Consultant Chest Physician (Part-time):

C. P. Hay, M.D., M.R.C.P., D.P.H.

### Dental Surgeons:

S. H. Pollard, L.D.S. (Principal)

Mrs. S. Tribe, L.D.S.

E. Ferguson, M.B.E., L.D.S.

J. Dewar, L.D.S. (Part-time)

### Superintendent Health Visitor:

Mrs. M. P. Williams, S.R.N., S.C.M., H.V.Cert.

### Supervisor of Midwives:

Miss O. E. Payne, S.R.N., S.C.M., H.V.Cert.

### Assistant Supervisor of Midwives:

Miss V. M. Hird, S.R.N., S.C.M., H.V.Cert.

### Health Educator:

Mrs. S. Afnan, S.R.N., S.C.M., H.V.Cert. Dip.H.Ed. (from 1.9.65)

### Speech Therapists:

Miss B. M. Elton, L.C.S.T.

Mrs. V. Pickering, L.C.S.T. (to 31.3.65)

### Food and Drugs Act:

Chief Inspector - D. Thompson

### Director of Welfare Services:

T. H. Higham, B.E.M. (from 1.1.65)

### Welfare Officer for the Blind:

Miss E. E. Bitchenor, B.A.

### Mental Health/Social Welfare Officers:

E. Brown

F. Crossley (from 1.5.65)

M. D. Kidd

E. R. Lewis, S.R.N., O.N.D.

W. J. J. Tyrrell

D. Watkins (from 26.7.65)

### Handicraft Instructresses:

Miss W. Gamble

Mrs. D. M. Norden

Mrs. F. E. Read (from 1.10.65)

### Chiropodists:

A. E. Colston, M.Ch.S.

Mrs. E. H. M. Curtis, L.Ch. (from 4.1.65 - 30.10.65)

B. E. Gibson (from 1.11.65)

Mrs. E. Marson (from 7.1.65 - part-time)

### Administrative Officer:

E. White

# SUMMARY OF VITAL STATISTICS, 1965

Area of Administrative County .. .. .	390,916 acres
Population Census, 1931 .. .. .	106,137
Population Census, 1951 .. .. .	120,652
Population Census, 1961 .. .. .	129,969
Population (Mid-year Estimate, 1965) .. .. .	143,340
Rateable Value .. .. .	£4,088,693
Estimated Product of a Penny Rate .. .. .	£16,922

## Live Births:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Population</u>
Legitimate .. .. .	1,269	1,270	2,539	
Illegitimate .. .. .	77	67	144	
	1,346	1,337	2,683	18.7

Percentage of illegitimate live births of TOTAL live births 5.4

## Stillbirths:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Live and Stillbirths</u>
Legitimate .. .. .	19	20	39	
Illegitimate .. .. .	2	-	2	
	21	20	41	15.0

## Total Live and Stillbirths:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate .. .. .	1,288	1,290	2,578
Illegitimate .. .. .	79	67	146
	1,367	1,357	2,724

## Deaths:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Population</u>
(All causes) .. .. .	842	760	1,602	11.2
		<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Live and Stillbirths</u>
Maternal (including abortion) .. .. .		1	1	0.4
Infant (under one year):	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 related live births</u>
Legitimate .. .. .	24	24	48	18.9
Illegitimate .. .. .	1	-	1	6.9
	25	24	49	18.3
Neonatal (first four weeks):	<u>Male</u>	<u>Female</u>	<u>Total</u>	
Legitimate .. .. .	17	17	34	
Illegitimate .. .. .	-	-	-	
	17	17	34	12.7
Early Neonatal:	<u>Male</u>	<u>Female</u>	<u>Total</u>	
Legitimate .. .. .	15	17	32	
Illegitimate .. .. .	-	-	-	
	15	17	32	11.9
Perinatal:	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Live and Stillbirths</u>
Legitimate .. .. .	34	37	71	
Illegitimate .. .. .	2	-	2	
	36	37	73	26.8



Estimated Populations, Birth Rates, Death Rates and Deaths Classified according to causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis other	Syphilis	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm of stomach	Malignant neoplasm of lung, bronchus	Malignant neoplasm of breast	Malignant neoplasm of uterus	Other malignant and lymphatic neoplasm	Leukaemia, ALC	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart diseases	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertrophism of prostate	Pregnancy, childbirth abortion	Congenital malformation	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes	
<i>Borough and Urban Districts—</i> Bury St. Edmunds	23,210	17.8	17.5	13.0	9.5	1									3	12	4	1	28	2	3	65	53	2	22	10	2	38	10		4	2				6	27	2	3	1	1	302	
Hadleigh ..	3,660	23.5	25.1	13.9	13.4										2	3		1	6	1		6	12	2	8	4				4		1						1				51	
Haverhill ..	8,280	25.7	20.1	7.7	11.0										3	2	1		6	1	1	8	16	1	9	5				1	6				3					1		64	
Newmarket ..	11,600	16.6	15.9	13.4	12.8	2		1						1	2	4	3		6		2	22	46	2	16	12				7	6	1		1	1	1			8	3	6	3	156
Sudbury ..	6,880	18.6	21.6	19.8	8.3	1									1	3	2		8		2	44	17	2	18	3	2			9	3	2				14	2	2	1		136		
Totals ..	53,630	19.3	18.5	13.2	10.4	4		1						1	11	24	10	2	54	4	8	145	144	9	73	24	4	55	29	3	4	4	4	1	1	6	52	7	12	6	1	709	
<i>Rural Districts—</i>																																											
Clare ..	9,750	18.1	20.4	12.7	11.2	1		2							4	4		1	14	2	1	10	20	3	16	7	1	6	5	1	1	2				2	13	2	5	1		124	
Cosford ..	9,140	14.4	16.9	13.7	11.1	1		1							4	3		2	18		1	25	14	2	21	5	2	6	1	1						9	1	3	1		125		
Melford ..	14,900	19.0	21.1	11.8	10.2										5	6	3	1	25	1	1	24	33	4	18	8	4	11	7	1			1			2	14	2	3	1		176	
Mildenhall ..	24,040	20.2	19.0	6.2	8.8									2	3	7	2		15	1	2	19	28	1	15	7	1	11	3	1	1			2	2	2	11	6	6	1		149	
Thedwastre ..	9,760	19.6	21.1	14.9	12.5									2	5	6	2	1	13	1	2	22	37		15	5		11	3	1	1		1			10	1	5	1		145		
Thingoe ..	22,120	17.3	18.3	7.9	8.9										5	11	4	1	14		3	28	29	1	20	10	2	12	5	2	1	2		1	1	3	11	2	5	1		174	
Totals ..	89,710	18.4	19.5	10.0	10.1	2		3						4	26	37	11	6	99	5	10	128	161	11	105	42	10	57	24	7	4	6	6	4	6	1	9	68	14	27	6		893
Grand Totals	143,340	18.7	19.1	11.2	10.2	6		4						5	37	61	21	8	153	9	18	273	305	20	178	76	14	112	53	10	8	10	5	7	1	15	120	21	39	12	1	1,602	

## NATURAL AND SOCIAL CONDITIONS

### Area.

There has been no change in the area of the Administrative County, which remains at 390,916 acres.

### Population.

The Registrar-General estimated the resident population for the mid-year to have been 143,340 persons, as compared with 139,450 in 1964. The estimated population of children under 15 years as at 30th June was 32,600, of which 12,300 were under 5.

The natural increase in population, i.e. the excess of registered live births over deaths, totalled 1,081 persons as compared with 1,153 in 1964. The number of marriages registered was 1,019 which is equivalent to 14.2 per thousand of population compared with 15.5 for the country as a whole.

### Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjusting for outward and inward transferable deaths, was 1,602 (males, 842; females, 760) as compared with 1,490 in 1964. The crude total death rate, based on the mid-year estimated population was 11.2 as compared with 10.7 in 1964. Lists of the causes of death are classified according to the Abridged List of the International Statistical Classification of Diseases, Injuries and Causes of Deaths, 1948, as used in England and Wales, are given in the Table on page 5. Comparability factors for each Urban and Rural District have been provided by the Registrar-General for adjusting the local birth and death rates. These comparability factors, making allowances for age and sex distribution of the population, are handicaps to be applied to the several areas, and when multiplied by the crude birth and death rates experienced in the area, modify the latter, so as to make them comparable with other rates, which have been similarly adjusted.

Heart diseases and other circulatory diseases accounted for 36.1 per cent. of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 17.4 per cent. and 17.0 per cent. respectively. The number of deaths attributable to tuberculosis was 6 compared with 2 for 1964. The mortality from Zymotic diseases as a whole was low. Cancer of the Lung and Bronchus showed a slight decrease and 61 deaths were ascribed to this cause.

The adjusted death rates for 1961 - 1965 with those for England and Wales for comparison, are:-

	1961	1962	1963	1964	1965
West Suffolk .. ..	10.5	10.6	10.9	10.7	10.2
England and Wales ..	12.0	11.9	12.2	11.3	11.5

### Live Births.

The number of live births assigned to the County was 2,683 (1,346 males; 1,337 females), as compared with 2,643 in 1964. This was equivalent to a crude birth rate of 18.7 as compared with 19.0 for the previous year. The following table shows the trend of the adjusted birth rates which takes into account the age and sex composition of the community for 1961 - 1965 together with the national rates for comparison:-

	1961	1962	1963	1964	1965
West Suffolk .. ..	17.3	18.8	17.8	19.0	19.1
England and Wales ..	17.4	18.0	18.2	18.4	18.1

### Stillbirths.

An infant, who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life, is a stillborn infant. The number of stillbirths registered was 41 giving a rate of 15.0 per thousand related live and stillbirths as compared with 15.7 for England and Wales. The rates for the quinquennium 1961/1965 together with those for the country as a whole are as follows:-



	1961	1962	1963	1964	1965
West Suffolk .. ..	18.5	19.0	21.2	16.4	15.0
England and Wales ..	19.1	18.1	17.2	16.3	15.7

#### Infant Mortality.

The number of infants who died before attaining their first birthday was 49 (25 males and 24 females) as compared with 54 in 1964. The rate per thousand related live births was 18.3 as compared with 20.4 for the previous year. The rates for 1961/1965 together with those for England and Wales are as follows:-

	1961	1962	1963	1964	1965
West Suffolk .. ..	18.4	22.7	16.3	20.4	18.3
England and Wales ..	21.6	21.6	21.1	19.9	19.0

#### Neonatal Mortality.

This sub-division of the infant mortality rate includes all children who die within 28 days of independent existence. The neonatal death rates per thousand live births 1961/1965 were:-

	1961	1962	1963	1964	1965
West Suffolk .. ..	13.8	17.7	11.4	14.8	12.7
England and Wales ..	15.5	15.1	14.2	13.8	13.0

#### Early Neonatal Mortality.

This further sub-division of the infant mortality rate includes all children who die within seven days of independent existence. The rate per thousand related live births for 1965 was 11.9 compared with 13.2 for the previous year.

#### Perinatal Mortality.

This is the term used to determine the combination of stillbirths with deaths occurring during the first week of life. This rate is an indication of birth loss due to circumstances during pregnancy and events during labour and delivery. The following are the rates per thousand live and stillbirths for 1961/65 together with those for England and Wales:-

	1961	1962	1963	1964	1965
West Suffolk .. ..	30.3	33.4	31.6	29.4	26.8
England and Wales ..	32.2	30.8	29.3	28.2	26.9

#### Maternal Mortality.

There was one maternal death.

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Health Visitors.

At the end of the year there were twenty Health Visitors including the Superintendent Health Visitor.

The attachment of Health Visitors to groups of medical practitioners was continued, thus maintaining close co-operation between the family doctors and the Health Visiting staff.

Two Health Visitors visited the Geriatric Hospitals each week and attended the case conferences between the Consultant Geriatrician and the staff concerned.

**Refresher Courses.**

One Health Visitor attended the Health Visitors' Association Refresher Course and two attended the Hearing Testing Techniques Course at the Laryngology and Otology Institute, London.

The total number of visits made by Health Visitors was as follows:-

Children 0-5 years	34,240
Expectant Mothers	1,189
Other cases, including Home Help Visits	6,639
	<hr/> 42,068

The Health Visitors visited 1,255 persons aged 65 or over, including 264 at the special request of a general practitioner or hospital, and they also visited 176 persons discharged from hospital of whom 122 were visited at the special request of a general practitioner or hospital. Sixteen households were visited and advice offered on account of infectious diseases.

Student Hospital Nurses have been taken out by the Health Visitors on their rounds and have been shown all the aspects of a Health Visitor's work including attendance at Child Welfare sessions.

Health Visitor Students in training have also visited the county to learn about the conditions prevailing in rural areas.

Under an exchange scheme between the Health Visitors' Association in this country and the Department of Health, Wellington, New Zealand, a twelve months' exchange visit starting in March 1965 was arranged for a Health Visitor from this County and one from New Zealand.

**Child Welfare Centres.**

At the end of the year there were 29 centres, including 2 at R.A.F. Stations. The total number of children who attended was 4,509. Of these 1,570 were under one year of age, 1,457 between one and two years of age and 1,482 between 2 and 5 years. Fifty-eight children were referred to their own general medical practitioner or a specialist for diagnosis or treatment. At the end of the year there were 508 children on the "At Risk" register.

**Relaxation and Mothercraft Classes.**

The demand for this type of instruction continues and two more classes have been started during the year. They are now held throughout the county as follows:-

Three classes a week in Bury St. Edmunds and weekly classes at Brandon, Hadleigh, Haverhill, Lakenheath, Mildenhall, Nayland Newmarket and Sudbury.

In addition one class is held for both parents at approximately eight weekly intervals in Bury St. Edmunds. The courses are open to women booked for delivery in either their own home or hospital. The syllabus provides for instruction by specially trained Midwives in co-operation with the Health Visitors where possible, in Mothercraft, physiology of childbirth, relaxation and simple exercises. Films and demonstration models are used and the opportunity for general discussion widely used.

The numbers of mothers who attended the classes were:-

(a) Hospital booked	297
(b) Domiciliary booked	<hr/> 225
(c) Total	<hr/> 522
Total number of attendances	<hr/> 2,910



**Family Planning Clinics.**

Clinics are held at Bury St. Edmunds, Haverhill, Newmarket and Sudbury, under the auspices of the Family Planning Association. The new cases and attendances were:-

	<u>No. of New Cases</u>				<u>No. of Attendances</u>
Bury St. Edmunds .. .. .	..	..	..	147	684
Haverhill .. .. .	..	..	..	106	226
Newmarket .. .. .	..	..	..	134	566
Sudbury .. .. .	..	..	..	77	357
				<u>464</u>	<u>1,833</u>

In addition one patient attended the Family Planning Clinic at Ipswich.

**Maternity and Nursing Homes.**

There are two nursing homes in the County - The Planche, Thurston, accommodating twenty-one patients and Rous Memorial Hospital, Newmarket, accommodating sixteen patients. There are no registered maternity homes.

**Nurseries and Child Minders Regulation Act, 1948.**

There are nine nurseries providing accommodation for 178 children aged 2 - 5 years, two new nurseries having been opened in 1965. All the nurseries except one are open for mornings only. There are three daily minders caring for 15 children. Several applications have been received from those who wish to open nurseries or become child minders in 1966.

**Dental Care.**

Mr. S. H. Pollard, the Principal Dental Officer, reports as follows:-

"The demand for dental treatment by expectant and nursing mothers through the Local Authority Service is now negligible. It appears that this 'priority class' of patient is experiencing no difficulty in obtaining treatment through the National Health Service.

The dental condition of pre-school children remains very disturbing. A recent inspection of five-year-old school entrants showed that about 60% were in need of (or had already received) dental treatment.

For many years through the child welfare clinics parents have been educated in the principles of correct diet and oral hygiene. Conversation with the mothers who bring their children for dental inspection shows that these principles are now widely understood. The problem is not one of ignorance but rather of a more effective application of the advice which is given.

Since progress along this particular line is so very slow one can only reiterate that fluoridation of the water supply would, literally, go half-way to a complete solution of the problem."

	Number of persons examined during the year	Number of persons who commenced treatment	Number of courses of treatment completed
Expectant and nursing mothers	3	2	1
Children aged under 5 and not eligible for school dental ser- vice	31	20	5



### Forms of Dental Treatment Provided

	Scalings or Scaling and Gum treatment	Fill- ings	Silver Nitrate treatment	Crowns or Inlays	Exts.	Anaes- thetics General	Dentures provided		Radio graphs
							Partial	Com- plete	
Expectant & Nursing Mothers	1	3	-	-	17	4	-	2	-
Children under five	-	25	32	-	8	7	-	-	-

### Speech Therapy.

The report of the Speech Therapist is as follows:-

"Twenty-four pre-school children were seen during 1965; 11 of these started attending school during the year.

Regular treatment has only been considered advisable, and so undertaken, in 5 of the total number of cases seen. Other children have been seen at intervals, when general advice has been given to the parents, when appropriate, and, or patterns of language and speech development have been observed, and the spontaneous progress rate noted. The 5 children who were discharged during 1965, with the exception of one child who left the area, have been discharged because such observations over a period have shown attainment of normality during the year."

### Care of Unmarried Mothers and their Children.

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association (now known as St. Edmundsbury and Ipswich Diocesan Board for Moral and Social Welfare) have been continued. Thirty-eight cases were referred to the Association and reports were received from the Moral Welfare Worker. The County Council accepted financial responsibility for the maintenance of 29 unmarried mothers in suitable Homes. A grant of £300 was paid to the Association.

### Care of Premature Infants.

A total of 153 premature births was recorded. Of the 33 infants born at home, 23 were nursed entirely at home. Of the 10 transferred to hospital, 9 survived. Of the 23 infants born at home and nursed entirely there 22 survived the first month, whilst of the 120 born in hospital 102 survived the first month.

### Transfer of Premature Infants.

In order to diminish the risk of death in premature infants born at home and transferred to the West Suffolk General Hospital a portable incubator has been provided by the County Council.

### Prevention of Break up of Families.

The work of the three Area Case Committees appointed in 1961 continued during 1965. Meetings were held six-monthly as agreed.

Some three new cases and ten other cases were reviewed during 1965. There were in addition 'Ad Hoc' Committees dealing with particular families.

From discussions I have had I feel that the lines on which these Case Committees are working can be regarded as satisfactory and are performing a useful function.

**Ascertainment and Training of Young Children with Impaired Hearing.**

The Department is equipped with three Audiometers which are regularly calibrated. The Health Visitors, are, in turn, attending Courses on Hearing Testing Techniques and all young children likely to be affected are followed up. The Birth Notification Cards give information regarding the medical history of mothers, which, on occasion may indicate that a newly born child may be suspected to have impaired hearing.

The Peripatetic Teacher of the Deaf teaches during the mornings at the small special unit for deaf and partially deaf children which is attached to a primary school in the middle of the county. In the afternoon she supervises the partially deaf children who can be educated, with the help of hearing aids, in the ordinary schools, and also visits the homes of the pre-school children at least once a week to advise the mothers in their training. She has the use of 'Speech Trainers' for this purpose which can be loaned to mothers of suitable children. At the end of the year there were five such pre-school children living in West Suffolk.

**WELFARE FOOD SERVICE**

**Welfare Milk Scheme.**

The main Centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury, continue to function. At 31st December there were 67 voluntary distribution centres.

During the year the following issues were made:-

CENTRES	COMMODITY			
	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
MAIN				
Bury St. Edmunds .. ..	5,002	412	776	7,147
Newmarket .. ..	3,590	176	386	2,923
Haverhill .. ..	2,313	135	335	3,281
Sudbury .. ..	1,167	144	279	2,302
TOTAL .. ..	12,072	867	1,776	15,653
VOLUNTARY .. ..	20,377	1,234	1,132	17,241
TOTAL ISSUES .. ..	32,449	2,101	2,908	32,894
TOTAL ISSUES (1964) .. ..	33,538	2,077	2,752	31,277

As in previous years the arrangements for the issue of Welfare Foods from voluntary centres continued. It gives me real pleasure to express my appreciation for the work that these public spirited people do.

**Other Welfare Foods.**

These foods, vitamin preparations and pharmaceutical products are available to mothers and young children through the Health and Welfare Department, Child Welfare Centres and Health Visitors. The following were issued:-

	1965	1964
Baby Cereal .. ..	1,529 packets	(1,575)
Vitamin preparations:		
Vitamin C .. ..	13,390 bottles	(11,695)
Vitamin A & D (Liquid) .. ..	10,949 bottles	(9,350)
Vitamin B (Solid) .. ..	2,568 tins	(2,207)
Pharmaceutical Products:		
Tablets for Nursing Mothers ..	184 tins	(315)



In addition to these, toothbrushes for children were available and 2,215 (2,254) were issued. Cash receipts from all these commodities amounted to £1,669. Once again the demand for these goods has shown an increase and the issues made represent an overall increase of 11.7% on the previous year.

MIDWIFERY AND HOME NURSING

The number of midwives notifying their intention to practise in the County during the year was 105. The number of cases attended was as follows:-

County Domiciliary Midwives	944
Private Domiciliary Midwives	-
Hospital Midwives .. ..	1,499
	<hr/>
	2,443
	<hr/>

In addition there were 224 births at the U.S. Army Air Corps Hospital at Lakenheath.

Domiciliary Service.

On 31st December, 1965, 59 nurses were employed:-

Home Nurse/Midwives .. ..	37
District Midwives .. ..	6
General Nurses .. ..	5
Relief Nurses (full-time) .. ..	6
Relief Nurses (part-time) .. ..	4
Auxiliary (part-time) .. ..	1

Medical Aid was called by Midwives in 73 cases, in 72 of which a Medical Practitioner had undertaken to attend the patient under the National Maternity Medical Services Scheme. The remaining case was an emergency one where no Medical Practitioner had been so booked.

The Domiciliary Midwives have continued to assist the Hospital Service by booking and nursing certain midwifery patients who are well enough to be discharged home after 24-48 hours.

This is filling a very great need and does help to ensure the quicker turn-over of midwifery beds, and helps to make certain that all those patients who it is felt would benefit by a hospital confinement are delivered in hospital. The number of those patients nursed during the year was 601.

Sterilised Maternity Outfits.

Nine hundred and seventy-seven packs costing 11s.10d. each, for domiciliary confinements and 40 small packs at 6s.3d. for early discharge from hospital, were supplied free.

Post-Graduate Training.

Eight Home Nurse/Midwives attended a statutory residential post-graduate course and in addition four midwives attended a special course on teaching, relaxation and parentcraft group teaching for expectant mothers. These were all arranged by the Royal College of Midwives. In addition the Home Nurse/Midwives attended monthly lectures by experienced speakers on different aspects of their work.

Home Nursing Service.

The Home Nursing Service continues to expand. One part-time auxiliary nurse has now been appointed to work under the supervision of the trained staff. Two nurses attended a Queen's Institute of District Nursing Refresher Course.



The number of visits paid totalled 70,636, which is a decrease of 74 on the previous year. One hundred and forty-six sick children were nursed at home of whom 80 were under the age of five and 66 between five and fifteen years. One thousand three hundred and nineteen persons visited were over 65 years of age. The Home Nurses gave 24,509 injections during the year.

Although the actual number of cases nursed has not increased during the year it is noticeable that the nurses now are asked to undertake more long-term chronic patients and those suffering from terminal illnesses which would previously have been nursed in hospital.

As part of the Hospital Student Nurses training it is necessary for them to observe the work of the Home Nurses. Accordingly arrangements have again been made for groups of the student nurses to accompany the Home Nurses on their nursing rounds, great interest being shown by some of the students in this branch of nursing.

The use of disposable and pre-sterilised equipment continues to increase - to keep the Home Nursing Service up to the modern recognised standard.

**Incontinence Pads.**

The demand for these continues to increase particularly in respect of those patients suffering from terminal illnesses as they do greatly assist the relatives particularly those caring for the aged. These incontinence pads have been supplied from voluntary funds, but arrangements were made to supply them from County funds early in 1966.

**Liaison Arrangements.**

Regular meetings of the local Maternity Liaison Committees have been held at Bury St. Edmunds and Cambridge and have been resumed at Newmarket. These have proved to be very helpful.

**Congenital Malformations.**

The Midwives have continued to report all cases of congenital malformation. The number of these cases this year was 39.

**Nurses Houses.**

One house has been completed and occupied at Kedington.

**AMBULANCE SERVICE**

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1961	55,704	614,919	13,958	128,576	41,582	476,334	24	274	140	9,735
1962	57,938	622,132	14,719	131,762	43,058	481,526	16	166	118	8,678
1963	62,961	637,719	17,430	151,140	45,408	478,203	3	46	120	8,330
1964	73,880	714,661	17,537	154,532	56,242	552,788	1	6	100	7,335
1965	79,809	785,342	16,846	165,744	62,854	613,176	19	199	90	6,223

The average miles run per patient was 9.8 compared with 9.6 for 1964.

**Ambulances.**

The total mileage run is an increase of 7.3% on 1964. The average number of miles run per patient was 9.8 compared with 8.8 for the previous year.

**Sitting Case Cars.**

Mileage figures given in the above table include both the Council's own vehicles and those of the Hospital Car Service. The figure is again an increase on the previous year and the average number of miles per patient was 9.8 - the same as for last year. The mileage includes the conveyance of children attending the Junior Training Centres at Bury St. Edmunds and Sudbury. Total mileage incurred in the transport of the mentally sub-normal children was 134,767 which is 21.9% of the total mileage under this particular heading. This mileage is recharged to the Mental Health Services.

**Taxis.**

This form of transport is used these days solely for transporting school children where an ambulance is not required.

**Railway.**

Fewer patients were again transported by railway compared with the previous year. Wherever practicable this mode of conveyance is used for long journeys to distant hospitals where patients have to be admitted for specialised forms of treatment which is not available more locally. As always the arrangements with the British Railways cannot be praised highly enough and the help given by the London Ambulance Service was very great.

**Hospital Car Service.**

The demand on this service remains unabated. There were 47 registered drivers on 31st December. I would like to express my appreciation of the work done by the men and women who give up so much time to it.

**Capital Building Programme.**

In accordance with the Authority's 10 Year Plan, work commenced at a new Ambulance Depot in Sudbury. There will be associated living accommodation for two ambulance drivers.

**Ambulance Control.**

The Suffolk and Ipswich Fire Authority continued to man the Ambulance Control outside office hours.

**PREVENTION OF ILLNESS CARE AND AFTER CARE**

**Tuberculosis.**

The arrangements for the supervision of tuberculous patients continues. The number of notified cases of tuberculosis on the register at the end of 1965 was:-

			<u>Male</u>	<u>Female</u>	<u>Total</u>
Pulmonary	..	..	169	145	314
Non-Pulmonary	..	..	18	39	57
Total Cases	..	..	187	184	371



Particulars of the new cases of tuberculosis and of all deaths from the disease are shown below:-

NEW CASES					DEATHS				
Age Periods	Pulmonary		Non- Pulmonary		Age Periods	Pulmonary		Non- Pulmonary	
	M.	F.	M.	F.		M.	F.	M.	F.
0-	-	-	-	-	0-	-	-	-	-
1-	-	-	-	-	1-	-	-	-	-
2-	-	-	-	-					
5-	-	-	-	-	5-	-	-	-	-
10-	-	-	-	-					
15-	-	-	-	-	15-	-	-	-	-
20-	1	-	-	1					
25-	2	1	1	3	25-	-	-	-	-
35-	1	2	-	-					
45-	-	3	-	-	45-	-	-	-	-
55-	4	1	-	1	55-	3	-	-	-
65-	2	-	-	-	65-	1	-	-	-
75+	-	1	-	-	75+	2	-	-	-
TOTALS	10	8	1	5	TOTALS	6	-	-	-

The total primary notifications of tuberculosis amounted to 24 (19 pulmonary, 6 non-pulmonary) as compared with 34 in 1964. The notification rates of pulmonary and non-pulmonary tuberculosis were 13 and 4 per 100,000 of the population respectively. The number of deaths represented 0.4% of all deaths.

Since returns for a particular year may be misleading it is more valuable to consider the average figures for the past five continual five year periods which were as follows:-

Period	Rates per 100,000			
	Incidence		Deaths	
	<u>Pulmonary</u>	<u>Non-Pulmonary</u>	<u>Pulmonary</u>	<u>Non-Pulmonary</u>
1941-45	82	33	32	11
1946-50	83	22	24	7
1951-55	49	12	11	1
1956-60	5	7	4	1
1961-65	21	6	1	0.3

**Examination of Contacts.**

276 contacts were invited for examination and 256 were examined by the Consultant Chest Physician. The average number of contacts examined for each new case reported was 10.6.

**After Care.**

A total of 269 domiciliary visits were made by Health Visitors who continued to work in close liaison with the Consultant Chest Physician. Two patients were provided with extra nourishment in the form of milk.

**General.**

As in previous years the Consultant Chest Physician was informed automatically of all newly notified cases. The Consultant Chest Physician is employed by the East Anglian Regional Hospital Board and 2/11 of his time is allocated to and paid for by the Council.



### **Recuperative Holidays.**

Nine persons were sent for recuperative holidays. An elderly man recovering from bronchitis was admitted to Hunstanton Convalescent Home, and three debilitated women to St. Michael's Convalescent Home, Clacton-on-Sea, two elderly women following illness went to a guest house at Felixstowe specially catering for their needs, and two delicate children from a problem family were sent to a farm house under the auspices of the Women's Voluntary Service.

### **Chiropody Service.**

Two chiropodists (one part-time) took up duty in January, bringing the staff up to three (including one part-time). By the end of August they were able to provide treatment throughout the County and the service temporarily provided by the West Suffolk Old People's Welfare Association was then discontinued. Some 2,280 treatments had been carried out by the Association from January to August, the actual cost being reimbursed to the Association.

The County Council chiropodists gave 5,381 treatments of which 2,085 were carried out in the homes of patients unfit to attend clinics. There were 694 new patients (including those formerly treated through the Old People's Welfare Association). Of this number, 645 were aged persons, 47 were younger disabled persons and two were expectant mothers.

### **Medical Loan Depots.**

The County Secretary of the British Red Cross Society, who act as agents for the County Council, reports that "the general demand for loan of medical requisites over the period under review has been extremely heavy, and all Depots in West Suffolk have been active. During 1965 an average of 2,442 articles were out on loan every week compared with 1,599 in 1964. To meet requests during the past six months new supplies of walking frames, air-rings, dunlopillo mattresses, rolls of machintosh sheeting and invalid chairs have been purchased. This Service during the current year has cost the Red Cross over £500, but still the demand increases and we have waiting lists for self-propelling indoor chairs, portable bed pulleys and walking frames."

## **THE MENTAL HEALTH SERVICE**

### **Administration.**

- (a) Constitution of the Mental Health and General Purposes Sub-Committee.

The Committee consists of 19 members of the Council and there is one co-opted member. Meetings are held quarterly.

- (b) Staff.

The County Medical Officer of Health is responsible for the overall direction of the Service and in this he is assisted by the Senior Medical Officer and the Director of Welfare Services.

- (c) Co-operation with Regional Hospital Board and Hospital Management Committees.

Satisfactory co-operation in the work for the mentally disordered has continued to be maintained between the Department and the East Anglian Regional Hospital Board and respective hospitals. Three members of the Council and the County Medical Officer of Health are members of the Suffolk Mental Hospitals Management Committee.

- (d) Duties delegated to Voluntary Associations.

In the field of Mental Health, no duties were delegated to Voluntary Associations.

(e) Training of Mental Health Workers.

The field work in the Mental Health Service in the main is carried out by six Mental Welfare Officers (general purpose) and they attend day courses, conferences and lectures at hospitals and elsewhere as and when possible. Two of these officers have completed their two-year course of training and have been successful in obtaining the National Certificate in Social Work.

An additional Welfare Assistant is in the second year of the two-year course and when he has completed his training he will return to the County to contribute to the work involved in the domiciliary Mental Health Services.

**Account of Work Undertaken in the Community.**

(a) Junior Training Centres.

The purpose-built Centre in Bury St. Edmunds which provides 42 places remained full throughout the year, but the pressure will be eased when the new Adult Centre commences to operate. The Centre is in the charge of a Supervisor and she is assisted by three Assistant Supervisors. This Centre continued to provide a satisfactory standard of care and training within the limits of those attending, as well as providing welcome relief to the parents from the daily cares and responsibilities of looking after children suffering from mental sub-normality. The children attending received regular medical and dental inspections. Several adults are in attendance at the Junior Centre and during the year it was possible to obtain some industrial work for them from a local firm. This consisted of making up cardboard boxes and packing talcum powder and bath cubes. They did this extremely well and earned the congratulations of the firm concerned on the high standard of their work. It was felt that this work would provide excellent training for those due to be transferred to the Adult Centre. Co-operation has been maintained with the local branch of the National Society for Mentally Handicapped Children.

The second purpose-built Centre, at Sudbury, has also had a very satisfactory year and the adults there also took part in the industrial work scheme. A good standard of handwork has been achieved and the trainees demonstrated their general progress by taking part in a Nativity Play at the Centre at Christmas-time which was enjoyed by a large audience. This Centre is staffed by a Supervisor and two Assistant Supervisors and adequately meets the needs of the area it serves.

The proposed third Centre - possibly at Newmarket - has been deferred, as with the provision already made in the two existing Centres a third Centre cannot be justified at present.

A number of subnormal children attend Centres belonging to other Authorities, and 5 children from the areas of other Authorities attend the Centres in this County.

During the year six members of the staff attended conferences or refresher courses organised by the National Association for Mental Health.

Financial provision is being made for all Junior Training Centre staff to attend such courses in 1966.

(b) Adult Training Centre.

At the end of the year the building of the new Adult Training Centre at Bury St. Edmunds was almost complete and arrangements were in hand for the furnishings to be delivered and the machinery and equipment installed.

In connection with the woodworking machinery, close contact has been maintained with H.M. Inspector of Factories.

Advertisements were in the course of preparation for the appointment of a Manager, Deputy Manager, two Female Instructors, Cook/Instructor and a Clerical Assistant.

Many approaches were made to local firms setting out the purpose of this new development for mentally handicapped adults and asking if they could direct work-jobs to the Centre. As a result a sufficient number of replies were received to give hope that there would be enough work for the trainees to undertake for the first few months of the life of the Centre by which time additional contacts will have been made.

This Centre will provide places for at least 40 adults in the first instance, but the plans of the building are so designed to facilitate an extension to increase the capacity to 80.



Those attending will undertake simple and repetitive work for which they will receive a small monetary reward. Meals will be cooked at the Centre. In all the planning which has been undertaken so far, close co-operation has been maintained with the Trades Council, Chamber of Commerce, Ministry of Labour and local Unions so that the purpose of the Centre is fully understood.

The local branch of the National Society for Mentally Handicapped Children kindly offered to donate all the recreational equipment, radios, record player and an electric sewing machine.

(c) Home Visits to the Mentally Subnormal.

The Mental Welfare Officers and the Health Visitors undertake the home visitation of the mentally subnormal at regular intervals and during the course of the year 693 visits were paid - an increase of 127 over the previous year.

(d) Home Visits to the Mentally Ill.

Mental Welfare Officers undertake the pre-care and after-care of persons suffering from mental illness and in carrying out this important function they maintain a close relationship with family doctors, hospitals, relatives, employers and friends.

Social history reports are submitted to receiving hospitals and to individual psychiatrists as and when required. During the year under review the number of requests for these reports substantially increased; and it is known that they are found to be useful to medical staff in that they provide much background information about the person being treated.

A social club for the mentally ill is organised in Bury St. Edmunds by the British Red Cross Society.

The Regional Hospital Board arranges psychiatric out-patient clinics at various hospitals in the County.

(e) Admissions to Hospitals.

St. Audry's Hospital, Melton, is the main receiving hospital for mentally ill patients from West Suffolk, although a few patients are admitted to Fulbourn Hospital, near Cambridge.

Many patients are admitted to hospital informally under direct arrangements between family doctors and the hospitals. In a number of these admissions the services of a Mental Welfare Officer are necessary in order to deal with the many social problems arising from the admission, such as the protection of property, contact with employers and relatives, care of animals and rent matters.

During the year under review the Mental Welfare Officers were concerned with the following admissions - an increase over the previous year as will be noted from the figures in brackets:-

Mental Health Act -	Section 25	..	..	12	(25)
	Section 26	..	..	4	(2)
	Section 29	..	..	86	(70)
	Section 60	..	..	-	(2)
	Informal	..	..	52	(31)
				154	(130)

(f) Subnormal Patients.

The following subnormal or severely subnormal patients from the County were in various hospitals on 31st December, 1965:-



			<u>Male</u>	<u>Female</u>	<u>Total</u>
Etloe House, Leyton .. ..	..	..	-	1	1
Harperbury Hospital, Hertfordshire	..	..	1	-	1
Jane Walker Hospital, Nayland ..	..	..	1	8	9
Little Plumstead Hospital, Norwich	..	..	20	26	46
Monkton Hospital, Northumberland	..	..	1	-	1
Moss Side Hospital, Liverpool ..	..	..	-	1	1
Nursing Home for the Blind, London	..	..	1	-	1
Rampton Hospital, Retford .. ..	..	..	3	-	3
Risbridge Home, Kedington .. ..	..	..	39	39	78
Riversfield Home, St. Neots .. ..	..	..	5	3	8
Royal Eastern Counties Hospital, Colchester			35	34	69
St. James' Hospital, Saffron Walden	..	..	-	1	1
St. Joseph's Home, Sudbury .. ..	..	..	-	5	5
St. Mary's Convent, Roehampton	..	..	-	4	4
Stoke Park Colony, Stapleton .. ..	..	..	1	4	5
St. Mary's Hospital, Bury St. Edmunds	..	..	5	-	5
St. Audry's Hospital, Melton .. ..	..	..	6	6	12
Walnuttree Hospital, Sudbury .. ..	..	..	-	2	2
			<u>118</u>	<u>134</u>	<u>252</u>

The number of patients admitted during the year to hospitals for the mentally sub-normal for long-term care were as follows, the figures for the previous year being shown in brackets:-

Mental Health Act - Section 26 .. ..	..	..	-	(-)
Section 29 .. ..	..	..	-	(1)
Section 60 .. ..	..	..	1	(1)
Informal .. ..	..	..	<u>2</u>	<u>(6)</u>
			<u>3</u>	<u>(8)</u>

As at 31st December, 1965, 25 patients were on the waiting list for admission to hospitals under the Regional Hospital Board, of whom 8 were classified as urgent. This is a small increase on the figures for the previous year and some of the urgent cases awaiting admission present serious problems for the relatives who are caring for them.

Short-term care was provided in National Health Service hospitals for 3 patients, compared with 2 for the previous year.

A number of mentally subnormal persons receive occupation in pastime therapy in their own homes, this service being provided by the Department's Handicraft Instructors.

New cases of subnormality or severe subnormality are referred to the Department from various sources and the following table sets out the referrals for 1965, the figures for the previous year being shown in brackets:-

			<u>Male</u>	<u>Female</u>	<u>Total</u>
Referred by General Practitioners	2	(4)	2	(1)	4 (5)
Referred by Hospitals .. ..	-	(3)	-	(-)	- (3)
Referred by Police and Courts ..	-	(3)	1	(-)	1 (3)
Referred by Local Education Authorities	3	(2)	1	(1)	4 (3)
Referred by Other Sources ..	<u>21</u>	<u>(12)</u>	<u>23</u>	<u>(13)</u>	<u>44 (25)</u>
	<u>26</u>	<u>(24)</u>	<u>27</u>	<u>(15)</u>	<u>53 (39)</u>

## DOMESTIC HELP SERVICE

The expansion of this Service has been quite considerably hindered by the lack of helpers living near enough to those needing assistance, the best help being provided by

the well-disposed neighbour. It is unfortunate, therefore, that Home Helps in the main are drawn from the larger housing estates which are generally at some distance from Alms Houses and those older dwellings where the elderly, who form the majority of those helped, so often live. Some would-be Home Helps refuse to walk more than a comparatively short distance from home.

The number of maternity cases assisted has also decreased this year. In a few instances this has been because insufficient help was forthcoming, but, more often it has been that applicants have been unwilling to contribute towards the cost of the Service - despite the grants made under the National Health Insurance Scheme.

Nevertheless, during the year, the Service has been granted to a very large number of households throughout the County, and many expressions of appreciation have been received.

At the end of 1965 the number of enrolled helpers was 658, of whom 421 were employed as compared with 589 enrolled helpers of whom 419 were working at the end of 1964. The number of households where domestic help was provided during the year was 840 compared with 837 during 1964. Home Help was given as follows:-

Aged 65 or over on first visit in 1965	Aged under 65 on first visit in 1965				Total
	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
727	61	1	25	26	840

PREVALENCE OF AND CONTROL OVER  
INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Infectious Diseases.

Scarlet Fever.

The number of cases notified totalled 183 compared with 35 in 1964 and 77 in 1963. Seventy-five of these cases occurred in the Thedwastre Rural District, 30 in the Melford Rural District, 21 in the Haverhill Urban District, and 15 in the Clare Rural District. There were 12 cases in the Melford Rural District, 11 in the Sudbury Municipal Borough area, 8 in the Mildenhall Rural District and 7 in the Thingoe Rural District. There were no deaths and the disease continued to be of a mild clinical type.

Whooping Cough.

Fifty-nine cases were notified as compared with 130 cases in 1964 and 19 in 1963. Seventeen of these cases occurred in the Melford Rural District, 13 in the Cosford Rural District, 10 in the Thedwastre Rural District. There were 8 cases in the Mildenhall Rural District, 3 in Bury St. Edmunds, 2 in the Thingoe Rural District and 1 in the Haverhill Urban District. There were no deaths compared with two infant deaths reported last year.

Acute Poliomyelitis.

One case was reported. This is the first since 1961.

Measles.

A total of 2,030 were reported compared with 593 cases in 1964 and 2,459 in 1963. There were 448 cases in the Thingoe Rural District, 332 in the Mildenhall Rural District and 452 in Bury St. Edmunds. One hundred and eighty cases were reported in the Newmarket Urban District, 133 in the Melford Rural District, 95 in the Thedwastre Rural District and 71 in the Clare Rural District. In Sudbury there were 103 cases, 34 in the Haverhill Urban District and 30 in the Hadleigh Urban District. There were no deaths.

Diphtheria.

No case was reported, as was the case last year.



### Pneumonia, Acute Primary or Influenzal.

Forty-three cases were reported compared with 40 for 1964 and 53 in 1963. Twelve cases occurred both in the Sudbury Municipal Borough and the Melford Rural District. Seven cases were accounted for in the Newmarket Urban District, 8 in the Cosford Rural District, 2 in the Mildenhall Rural District and 1 in both Bury St. Edmunds and Hadleigh Urban District. The number of deaths was 14 compared with three for the previous year.

### Dysentery (Bacillary).

No cases were reported compared with 2 in 1964 and 11 in 1963.

### Acute Encephalitis Lethargica.

One case (Sudbury Municipal Borough) was reported compared with 1 case last year.

### Typhoid and Paratyphoid Fevers.

As for last year no case was reported. One case was notified in 1963.

### Erysipelas.

Four cases were reported compared with 2 in 1964 and 7 in 1963. Two occurred in the Cosford Rural District and 1 in Sudbury and 1 in the Mildenhall Rural District.

### Meningococcal Infection.

Three cases were notified compared with 1 in 1964. Two occurred in the Mildenhall Rural District the remaining case being notified in the Cosford Rural District.

### Food Poisoning.

Seven cases were reported compared with 27 for the previous year and 1 for 1963. Three cases occurred in both Newmarket Urban District and Cosford Rural District; two in Bury St. Edmunds Municipal Borough and Sudbury Municipal Borough, the remaining case in Thingoe Rural District. The causal organism was *S.typhimurium*.

### Puerperal Pyrexia.

Seven cases were notified compared with 10 in the previous year and two in 1963. Three of these cases occurred in the Newmarket Urban District, two in the Sudbury Municipal Borough and 1 in Haverhill Urban District and 1 in the Thingoe Rural District.

### Ophthalmia Neonatorum.

No cases were reported as compared with 1 in 1964.

### Infective Hepatitis.

Three cases were notified as compared with 12 in 1964 and 2 in 1963. Two of the cases occurred in the Melford Rural District, the remaining has been notified in the Sudbury Municipal Borough.

### Malaria.

One case (in Mildenhall Rural District) was notified. None was notified the previous year.

## Statistics.

The number of persons under 16 years of age vaccinated during the year was as follows - the figures for the previous year being shown in brackets:-

	<u>By County Staff</u>		<u>By General Practitioners</u>	
Smallpox				
Vaccination .. ..	-	(-)	1,196	(1,057)
Re-Vaccination .. ..	-	(-)	77	(128)
Poliomyelitis				
Initial Course (1st year) ..	296	(400)	1,114	(1,661)
Re-inforcing dose (school entry)	306	(293)	795	(452)
Whooping Cough				
Initial Course (1st year) ..	257	(291)	1,174	(1,354)
Further dose (2nd year) ..	184	(36)	467	(156)
Diphtheria				
Initial Course (1st year) ..	259	(296)	1,177	(1,370)
Further dose (2nd year) ..	193	(44)	474	(160)
Re-inforcing dose (school entry)	248	(207)	713	(484)

			<u>By County Staff</u>	<u>By General Practitioners</u>
Tetanus				
Initial Course (1st year)	..	266	(305)	1,186
Further dose (2nd year)	..	193	(45)	474
Re-inforcing dose (school entry)		247	(207)	726
Tuberculosis (B.C.G.)	..	853	(1,571)	-
				(-)

### HEALTH EDUCATION

Health Education continued on the lines previously reported. As in previous years great use was made of publications of the Central Council of Health Education, the Ministry of Health and other organisations. Posters published by both the Ministry of Health and Central Council for Health Education have been displayed in Child Welfare Centres throughout the County. Subjects dealt with were "Safety in the Home", "Dental Hygiene", "School Hygiene", "Personal Hygiene", "Smoking and Health". Filmstrips on health subjects were also shown wherever possible.

A Health Educator was appointed (Mrs. S. Afnan, S.R.N., S.C.M., H.V.Cert., Dip.H.Ed.) and she took up her post on 1st September. Towards the end of the year under review she was formulating ideas and making contact with all those concerned in health education. Health Visitors gave talks to Women's Institutes and the numbers attending were very good. A Dental Health Exhibition was held at Haverhill in November. It consisted of the General Dental Council's Dental Health Education Trailer and it was visited by 1,349 children and by about 60 adults. It aroused considerable interest and follow-up visits to the schools were arranged by the Health Educator.

Health Visiting staff as in previous years, gave pre-nursing training courses at the High School, Sudbury. Nurses at the West Suffolk General Hospital received lectures on preventive social medicine from the County Medical Officer of Health.

### INSPECTION AND SUPERVISION OF FOOD

#### Milk Supply.

The sampling of milk for all those services for which the County Council is responsible is carried out, under the supervision of the County Medical Officer of Health, by Mr. D. Thompson, the Chief Sampling Officer and Chief Inspector of Weights and Measures, and his staff.

#### Pasteurising Plants.

Three pasteurising plants remained licensed at the end of 1965. These plants were all inspected regularly by the Chief Sampling Officer and his staff.

The following samples were taken:-

No. of Samples Taken	Phosphatase Test		Methylene Blue Test			Failed Both Tests
	Passed	Failed	Passed	Failed	Not Tested	
68	67	1	63	-	5	-



**Dairies, other than Pasteurising Plants.**

It is the further responsibility of the County Council as Food and Drugs Authority to inspect and sample at dairies other than pasteurising plants.

The number of dairies for which licences were issued at the end of the year:-

Dealers' (Pre-packed milk) Licences	..	97
Dealers' (Pasteurisers) Licences	..	3
Dealers' (Untreated) Licences	..	1

The following tests were made:-

	Passed	Failed	Invalid or Not Tested	Total
Raw Tuberculin Tested:				
Methylene Blue ..	11	2	-	13
Pasteurised:				
Phosphatase .. ..	300	3	-	303
Methylene Blue ..	263	2	38	303
Sterilised:				
Turbidity .. ..	11	-	-	11

Appropriate action was taken where the results were unsatisfactory.

**Sale of Infected Milk.**

Samples were taken from 22 herds for biological tests. No failures were recorded.

**Milk in Schools.**

One-third of a pint of milk was available on every school day to every child attending maintained and private schools. On a day chosen at random in September 13,920 children had milk, representing about 76% of the school population in maintained schools.

The following samples were taken:-

	Passed	Failed	Invalid or Not Tested	Total
Pasteurised Milk:				
Phosphatase Test ..	155	2	-	157
Methylene Blue Test ..	136	7	14	157

The causes of the failures were investigated with the view of preventing recurrence.

**Sampling at Institutions.**

All samples of milk taken passed the phosphatase test.

**Food and Drugs Act, 1955.**

The Chief Sampling Officer and his staff took 521 samples of which 60 were found to be adulterated or not up to standard (36 relating to milk, 10 to flour, and 14 to other foods).

Milk.

Thirteen samples of milk were found to contain added water. Nine of these were taken on three successive days from a dairy farmer in course of delivery to a pasteuriser. Appeal to cow samples showed the milk to be of good quality before water had been added. Proceedings were taken against the farmer, who pleaded guilty. He was conditionally

discharged on payment of £15 costs. The four other samples containing added water were taken at a farm where penicillin had been detected in the milk some three days earlier. Although the samples were free from antibiotics on this occasion a warning was given that more care must be exercised to prevent water and antibiotics adulterating the milk.

Seven samples taken showed traces of penicillin. With regard to two of these samples later tests showed the milk to be free from antibiotics but in all instances the farmers were notified of the Public Analyst's findings and warnings were given.

Two samples were sent to the Public Analyst because purchasers had complained that the milk contained a bluish grey deposit. The Analyst was unable to identify the substance but investigation at the plant disclosed that it might have arisen through the action of the sterilising liquid on the rubber gaskets. These gaskets were renewed and no further complaints have been received.

A complaint was received from a consumer that milk purchased from a small dairyman bottling untreated milk contained dirt. All the bottles were washed by hand and considerable concern was expressed by the dairyman involved. A caution was given as the consumer did not wish the matter to go further.

The remaining thirteen unsatisfactory samples taken showed deficiencies in fat. One such sample taken from milk sold informally as Channel Island milk showed a marked deficiency, 22.5%. Further samples taken produced similar results. The deficiency appeared to be caused by failure to keep the milk properly agitated and a caution was given.

In addition a complaint was received from a school that the milk tasted of chlorine. The Analyst could find no trace of any adulterant and discovered that the taste disappeared when the milk had been kept.

#### Bread and Flour Regulations, 1963.

These regulations lay down new methods of sampling flour on millers' premises as the old methods of sampling flour were thought to give an unbalanced picture. However, almost half the samples taken during the year under the new regulations proved unsatisfactory and the majority of the millers complained either of the difficulty in adding the correct amount of chalk to the flour stream or of the sampling procedure. The Chief Sampling Officer and representatives of the millers have had discussions with officials of the Ministry of Agriculture, Fisheries and Food but no changes in the regulations have been recommended.

It is significant that one particular mill has never produced any unsatisfactory samples and that in the case of the millers fined for offences under these regulations all samples produced by them since that time have also been satisfactory.

Of the ten samples contravening the regulations all but one contained the incorrect amount of chalk. The quantity of chalk which all flour other than whole-meal or wheat malt flour should contain must fall between 235 and 390 milligrams per 100 grammes of flour.

Mention has already been made of the difficulties encountered. No action, apart from a caution, was taken against the millers until 25th January, 1966.

Two samples were taken at a flour mill towards the end of 1965, one contained an excess of chalk, the other was deficient in chalk, vitamin B, and iron. Proceedings were instituted and a fine of £5 and costs was imposed in each case.

This was the first case of its kind in England and Wales. Whether it will have repercussions remains to be seen.

#### Other Foods.

Samples are taken to check the accuracy of claims made either through labels on containers or through advertisements. Once again there were several cases of faulty labelling and the packers were cautioned.

At a grocers shop it was found that several cartons of cream had gone sour and that mould had grown. The Head Office of the grocery firm was contacted and an investigation by the firm showed that the cream had been kept unrefrigerated for a period. Both the manager and the firm were cautioned.



Milk chocolate covering a sample of milk chocolate biscuits was found to be deficient in full cream milk solids. The Biscuit Company stated that all their purchase of converture contained at least 12% of full cream milk solids and after investigation could only suggest that a mixture of milk chocolate and ordinary chocolate converture had been used in error.

A sample of fish cakes purchased in a local market contained only 27.5% fish instead of the required 35%. A caution was given.

Processed cheese imported from Holland by a London importer was found to contain 53.7% water. In the Analyst's opinion such an article should not contain more than 45% water. However, the Food Standards' Committee's recommendations for cheese will not be implemented until 1st February, 1967, so any action has been deferred. Meanwhile the Dutch firm has been notified.

A cake described as butter chocolate cake was found to contain 11.1% fat, only 5.6% of which was butter fat. The makers were informed but they suggested that the other type of fat present came from the other ingredients, stressing that butter was the only fat added by them. As it was difficult to assess how much fat would have been added by the other ingredients no further action was taken.

Two samples of baby foods were unsatisfactory. One was 5% deficient of its claimed iron content and contained aneurin which was not declared. The aneurin content per ounce was three times the daily requirements of a child under one year. The manufacturers have agreed to rectify this. In the other case it was considered that the claim made that the food contained extra protein was both false and misleading. The makers were notified and agreed to amend the label.

Sampling for Pesticide Residues.

Samples of fresh fruit and vegetables were submitted to the Analyst for detection of pesticide residues. All were found to be free from contamination.

Details of samples taken were as follows:-

				<u>Number Taken</u>	<u>Number Adulterated</u>
Angelica	..	..	..	1	
Baby Foods	..	..	..	5	2
Biscuits	..	..	..	5	1
Butter ..	..	..	..	8	
Cereal Products	..	..	..	7	
Cheese	..	..	..	10	2
Cocoa Products	..	..	..	1	
Coffee ..	..	..	..	3	
Condiments	..	..	..	2	
Converture	..	..	..	2	
Cream ..	..	..	..	4	1
Drugs ..	..	..	..	19	
Fats ..	..	..	..	2	
Fish Products	..	..	..	4	1
Flour ..	..	..	..	23	10
Flour Products	..	..	..	7	3
Flour Confectionery	..	..	..	2	
Fruit, fresh	..	..	..	5	
Fruit, dried	..	..	..	3	
Fruit, tinned and fruit products	..	..	..	13	
Intoxicating Liquor	..	..	..	1	
Margarine	..	..	..	2	
Marzipan	..	..	..	4	2
Meat Products	..	..	..	5	1
Milk ..	..	..	..	230	30
Milk, Channel Island	..	..	..	99	6
Milk Products	..	..	..	7	
Olive Oil	..	..	..	1	
Pasta ..	..	..	..	1	
Preserves	..	..	..	10	1
Puddings	..	..	..	1	

				<u>Number Taken</u>	<u>Number Adulterated</u>
Sauces ..	..	..	..	2	
Soft Drinks	..	..	..	11	
Soups ..	..	..	..	2	
Suet ..	..	..	..	2	
Sugar Confectionery	..	..		8	
Vegetables, fresh	..	..		4	
Vegetables, tinned	..	..		2	
Vinegar	..	..	..	2	
Yeast ..	..	..	..	1	
				<u>521</u>	<u>60</u>

## SOCIAL WELFARE

A Director of Welfare Services has been appointed and commenced duty on 1st January, to be responsible to the County Medical Officer of Health for the day to day administration of the various welfare services undertaken by the Department. This is a newly created post.

### Social Welfare Officers.

The field work of the Department under this heading is undertaken by six general purpose Social Welfare Officers, a Welfare Officer for the Blind and three Handicraft Instructresses. The additions to the staff of Social Welfare Officers arose from an increase of one in the staff establishment and the return to service of a Welfare Assistant following the successful completion of his course of study for the National Certificate in Social Work. The additional Handicraft Instructress was necessary owing to the increased volume of work arising under the Handicraft Scheme.

A further Social Welfare Officer commenced duty early in 1966, and a Welfare Assistant, in his second year of the two-year "Younghusband Course", will return to the Authority later in that year.

During the course of the year the following visits were paid by the field staff of the Department who continued to make every effort to provide a kindly and helpful service to the persons in the various categories:-

(a) Aged	..	..	..	..	3,047
(b) Blind and Partially Sighted	..	..		..	1,972
(c) Deaf and Hard of Hearing	..	..		..	116
(d) Disabled (other than (b) or (c))				..	2,641
(e) Others	..	..	..	..	1,575
					<u>9,351</u>

This was a substantial increase over the visits paid the previous year.

### Welfare of the Physically Handicapped.

#### (a) Statistics.

The numbers on the Register as at 31st December, 1965, were as shown in the following tables. It should be noted that where a person is registered under more than one heading - e.g. Blind and Hard of Hearing - only Blindness as the principal disability has been counted in completing these figures:-



(a) Blind .. ..	276
(b) Partially Sighted .. ..	101
(c) Deaf with Speech .. ..	12
(d) Deaf without Speech .. ..	25
(e) Hard of Hearing .. ..	24
(f) Generally Handicapped .. ..	420
	<hr/> 858 <hr/>

The age groups are as follows:-

	0 - 15	16 - 64	65 and over	Total
Blind .. ..	3	71	202	276
Partially Sighted .. ..	2	33	66	101
Deaf with Speech .. ..	-	10	2	12
Deaf without Speech .. ..	-	20	5	25
Hard of Hearing .. ..	2	14	8	24
Generally Handicapped .. ..	3	239	178	420
TOTALS .. ..	10	387	461	858

The numbers on the Register show an increase of 54 over those for last year. There is a continuing increase in the number of handicapped persons registered and this is no doubt due to the fact that the services we can give to the handicapped are more comprehensive than was the case some years ago, and are becoming widely known.

(b) General Classes.

Of the 420 classified as Generally Handicapped the following sets out details of the disabilities:-

Amputations .. ..	33
Arthritis and rheumatism .. ..	95
Congenital malformations and deformities .. ..	23
Diseases of the digestive and genito-urinary system; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin .. ..	59
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseased (other than tuberculosis) of the upper and lower limbs and of the spine .. ..	40
Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. .. ..	127
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases .. ..	16
Tuberculosis (respiratory) .. ..	6
Tuberculosis (non-respiratory) .. ..	8
Diseases and injuries not specified above .. ..	<hr/> 13 <hr/>
	<hr/> 420 <hr/>

(c) Adaptation of Premises.

To enable handicapped persons to manage in their homes more easily a considerable number of grants were again made during the year under review for works of adaptation to the premises they occupied. The grants covered a wide variety of works such as concreting drives and pathways, the provision of ramps, widening doorways, supports on staircases, lighting and power points etc.

In housing authority properties it is the usual practice for the local Council to undertake the actual works of adaption following approval by the County Council and for the latter to meet the cost of the work.

For adaptations to private houses the County Council employs appropriate local firms after obtaining the necessary consent from the owner of the property.

(d) Aids.

The number of aids provided on loan to registered physically handicapped persons again shewed a marked increase. They included wheelchairs, walking frames, bath rails, toilet seats, bath mats, "lazy tongs", and pulleys of various kinds. The provision of these aids is greatly appreciated by handicapped persons.

(e) Handicraft and Social Centres.

The Handicraft Instructresses organise Centres at Sudbury and Newmarket and they attend and support other Centres which are run by voluntary organisations (particularly the British Red Cross Society) or private persons, at Hadleigh and Bury St. Edmunds. Additional Centres are in the course of being planned.

At most Centres the Blind and the Physically Handicapped attend together and they invariably combine extremely well in the group gatherings.

Social Centres serve the purpose not only of enabling handicraft instruction to be given on a group basis, but also bringing to the handicapped the pleasures of social intercourse, entertainment, outings, parties and other celebrations. The club members are encouraged to take an active part in the planning of the social activities.

A pastime therapy service is also provided to physically handicapped persons in their own homes - instruction is given, materials supplied, and help provided with sales both privately, at shows and at other organised sales efforts. The yearly sales of completed articles amount to over £1,500. A three-day "Christmas Sale" of articles, held in Bury St. Edmunds, produced a sales figure of nearly £450.

Handicraft instruction is given at the Council's Homes for the Elderly and during the year there have been signs that the amount of interest shown by the old folk is increasing.

(f) Car Badges.

A number of car badges were provided during the year to severely handicapped persons for display in their vehicles. These badges are issued for the purpose of facilitating the parking of vehicles, but they do not confer any rights as such in the matter of parking concessions, although it is pleasing to report that the Bury St. Edmunds Borough Council have agreed to waive car park charges for vehicles displaying the badge.

(g) Deaf and Hard of Hearing.

There was little variation in the registered number of persons in these categories during the year.

In the main the specialist services to the Deaf and Hard of Hearing are undertaken by the Suffolk Mission to the Deaf, with which the Council maintains the closest contact and supports financially.

The Mission has its own premises in Bury St. Edmunds which provide office accommodation for their Welfare Officer and good social activity facilities for the Deaf. In addition to the annual grant to the Mission, the Council has agreed to make a special grant towards the cost of providing additional toilet facilities at the premises, subject to the Mission being able to raise the balance of the cost.

(h) Blind and Partially Sighted.

Excluding transfers from other areas and re-certifications, some 36 new blind and 18 partially sighted persons were registered during the year.

The cause of defective vision of persons registered as blind or partially sighted and of those who received treatment were as set out below:-

(i) Number of cases registered during the year with recommendations as follows:-	Primary cause of disability			
	Cateract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	5	1	-	22
(b) Treatment (medical, surgical or hospital supervision)	11	5	-	10
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	9	5	-	9



There were no new cases of ophthalmia neonatorum or retrolental fibroplasia.

The Blind and Partially Sighted on the Register receive handicraft instruction from the Handicraft Instructresses. The Council's Welfare Officer for the Blind undertakes the welfare and advisory service and teaches Braille, and Moon, and typewriting to those who are suitable for this kind of instruction.

The Welfare Officer for the Blind also acts as Honorary Secretary to the West Suffolk Voluntary Association for the Blind. This organisation undertakes extremely valuable work for the Blind and Partially Sighted and supplements the services provided by the Council. In particular the Association makes cash and kind grants for the provision of extra comforts, additional nourishment and clothing, arranges parties, organises holidays and outings, and meets many special needs.

## Welfare of the Aged.

### (a) Residential Accommodation.

The provision of accommodation under the National Assistance Acts is undertaken in Homes directly administered by the Council, and also in establishments maintained by voluntary organisations.

The following beds were occupied at the end of the year - an increase of 26 over the previous year:-

Angel Court, Hadleigh .. .. .	46
Bristol House, Felixstowe .. .. .	44
The Glanely Rest, Exning .. .. .	54
North Court, Bury St. Edmunds .. .. .	57
Place Court, Haverhill .. .. .	43
South Court, Bury St. Edmunds .. .. .	43
<hr/>	
The Red House, Sudbury .. .. .	14
Manson House, Bury St. Edmunds .. .. .	2
"Cloncurry", Felixstowe .. .. .	2
Homes for Epileptics .. .. .	3
"The Martins", Bury St. Edmunds .. .. .	2
Other Voluntary Homes .. .. .	12
Maintained in other Local Authorities' Homes .. .. .	10
	<hr/>
	332
	<hr/>

Of this number 39 persons were registered Blind or Partially Sighted. A high proportion of the residents were 'suffering from varying degrees of Physical Handicap.

The progressive lowering of the physical and mental standards of persons admitted to Residential Accommodation mentioned in last year's Report has continued. In addition new residents are being admitted at a greater age than was the case a few years ago, and the average age of the present residents is very high. All this presents many problems to the staffs of the various Homes. Fortunately it has been possible to keep the Homes staffed at a satisfactory level throughout the year.

One of the highlights during the year was the opening in June of the new Home - Angel Court, Hadleigh - which provides accommodation for 48 persons. It was possible to transfer to Angel Court all the existing residents from the Part III Department of St. Mary's Hospital and for the arrangements with the East Anglian Regional Hospital Board to be terminated.

All residents in the County are now accommodated in the smaller type of Home and this is regarded as a highly satisfactory achievement.

At the end of the year good progress was being made with the new Home which is being built at Sudbury and which will provide accommodation for 52 residents.

The Council has arranged the protection of moveable property under the provisions of Section 48 of the National Assistance Act, 1948, whenever this has been found to be necessary.

(b) Temporary Accommodation.

Temporary Accommodation under Section 21 of the National Assistance Act is provided, mainly for evicted families, in three purpose-built units sited in the grounds of South Court, Bury St. Edmunds. Owing to being homeless a young girl and baby were accommodated in these units for a few weeks, but it was then found possible to obtain alternative accommodation for them.

On a number of other occasions the need for the units to be brought into operation seemed unavoidable when evictions were threatened, but this has been avoided following intensive efforts made by this Department's social welfare staff and the welcome co-operation extended by the District Councils' staff, Children's Department, N.S.P.C.C. Inspector, National Assistance Board and private individuals.

Acceptance of families into these units is discouraged owing to the extreme difficulty of rehabilitating them once they have become established there and because of this every effort is made to find alternative means of meeting these accommodation problems as they arise. Our efforts in this direction are helped by housing authorities advising us at an early stage of families who seem to be experiencing difficulty in regularly meeting their rent commitments.

(c) Registered Homes.

As at 31st December, 1965, the number of Homes registered with the Local Authority, under the National Assistance Act, 1948 and the Mental Health Act, 1959, were as follows:-

7 Homes accommodating	127 Aged Persons
1 Home accommodating	17 Disabled Persons
2 Homes accommodating	22 Mentally Disordered Persons

(d) General Welfare of the Aged.

The Council's Social Welfare Officers continue to provide an advisory service to the aged in their own homes. Each Officer has a visiting list of old people who are known to require a friendly eye being kept on them and visits are paid as and when considered desirable. In particular the visiting officers ensure that all the necessary community services are brought into play wherever these are necessary and desired.

(e) Special Housing for the Aged.

On the basis that all old people who are physically and mentally able to do so, should continue to reside in the community in independent fashion rather than seek the communal life of Homes for the Aged, the various District Councils in the County have developed special housing schemes for the elderly, and these usually consist of flats or small bungalows with a Warden in charge, and where certain communal or "welfare" facilities are provided.

The Council favours this kind of accommodation for old people and where the special welfare facilities provided under schemes measure up to the required standard, an annual grant per unit of accommodation is made to the housing authority and this is related to the cost of the provision of these facilities.

(f) Voluntary Organisations.

In this County the Women's Voluntary Services organise Meals on Wheels Schemes and in most cases the meals are prepared in W.V.S. kitchens although in two schemes factory canteens are used. This service enables many old people to remain in their own homes much longer than would otherwise be the case.

Meals at present are being served at the rate of over 33,000 per annum and several additional schemes are envisaged.

The Council is of course closely concerned with this service and in co-operation with the District Councils makes financial grants towards the cost of each scheme. The method of sharing financial responsibility is usually on the basis of the District Council assisting with the provision of kitchen accommodation and equipment, and paying a proportion of the deficiency on each meal after allowing for the modest payment made by the recipient, with the County Authority meeting the balance of the deficiency and also being responsible for reimbursing most of the transport costs incurred by voluntary drivers in the delivery of meals to the old people concerned.



The West Suffolk Old People's Welfare Committee provides most useful services to the aged - clubs, emergency fuel, handicraft exhibitions, holiday schemes, courses, conferences, social gatherings etc. - and in this way supplements in a substantial way the services of the statutory body. The holiday schemes in particular cater for increased numbers year by year and in these a great deal of planning and organisation is involved.

Close co-operation is maintained with this organisation and an annual grant is made by the Council to enable the voluntary Committee to continue and expand its work. In addition, annual grants are made to the individual Clubs for the Elderly to assist them in meeting their running expenses.

Support and co-operation is extended to other voluntary organisations who concern themselves with the welfare of the various classes of person for whom the Council has a responsibility.







